

FOR OFFICE USE ONLY

Application Fee Paid _____

Date Paid _____

Specialty _____

Specialty Lic. No. _____

Date Issued: _____

APPLICATION FOR EXAMINATION
BEFORE THE
KENTUCKY BOARD OF DENTISTRY
FOR SPECIALTY LICENSURE
IN THE
COMMONWEALTH OF KENTUCKY

EXAMINATION DATE _____

Name (Print in full) _____ Age _____

Date of Birth _____ Place of Birth _____

Permanent Address _____

City _____ State _____ Zip Code _____

Graduate of what dental college _____ Year _____

Name state in which you hold dental licenses, giving number and date of each:

How many years have you devoted to the general practice of dentistry? _____

Specialty in which license is desired _____

Do you expect to devote your full time to the practice of this specialty? _____

Why do you desire a specialty license? _____

Special education in _____. Have you earned any special dental degrees or certificates of proficiency? _____

If so, designate when, where, and how acquired: furnish certification. _____

Graduate Training: (Give names of schools, hospitals, clinics, dispensaries, and fundamental science laboratories, and dates of attendance; Furnish Certification. _____

Have you served an internship? If so, give detailed summary of dates, locations, and furnish certification. _____

Experience In Specialty. Be specific as to places and time you have devoted to your chosen specialty. _____

Have you served as a teacher or instructor in the specialty in which license is desired? _____ Furnish certification as to place and time: _____

What percentage of your time is devoted to the specialty? _____

What percentage of your income is derived from the specialty? _____

Have you engaged in any research work? If so, name subjects or give findings.

Give six references (dentists) who have referred patients to you, or who personally know your ability. _____

Give names of professional organizations in which you hold membership.

What society meetings have you attended during the past five years? _____

Name professional periodicals carrying any of your articles during the past five years and give dates of publication. _____

List offices and committees on which you served during the past five years.

Are you a member of any specialized societies? _____ Give name and length of membership. _____

Are you a Diplomate of a specialty board? _____ Furnish certification.

Of what community or social organizations are you a member? _____

This application is respectfully submitted for the consideration of the Kentucky Board of Dentistry in full-fillment of the statutes regulating the specialized practice of dentistry.

Signed _____

Subscribed in my presence and sworn to before me this _____ day of _____, 20____.

Notary Public

County of: _____

SEAL

State of: _____

My Commission Expires: _____

INSTRUCTIONS

Case histories as outlined in the specialty examination instructions and application must be received in the Board office, thirty (30) days prior to the date of the examination.

Make check or money order payable to :

Kentucky Board of Dentistry

Address all correspondence and submit application and \$60.00 fee to:

**Kentucky Board of Dentistry
10101 Linn Station Road, Suite 540
Louisville, Kentucky 40223**